

2012 Adventure Camp Application

Child's Name: _____ D.O.B: _____ Age: _____
Address: _____ Zip Code: _____
Home Phone #: _____ Emergency Phone #: _____
School: _____ Grade in fall: _____
Name of child's physician: _____ Phone #: _____

Please list two contact names and phone numbers who we can always reach in case of an emergency:

1. Name: _____ Relationship: _____
Phone #: _____ Cell Phone #: _____

2. Name: _____ Relationship: _____
Phone #: _____ Cell Phone #: _____

Is your child allergic to any of the following?

Bee stings: Yes _____ No _____ Insect bites: Yes _____ No _____ Foods: _____

Other (Explain in detail): _____

Please describe the allergy and the reaction the child experiences: _____

Please list all medications your child is currently taking:

Medication(s): _____

Amount used: _____ Time(s) taken: _____

Is there any other information the camp staff should know about concerning your child that may be pertinent to their health, well being, or comfort? _____

Adventure Camp will run on: July 10-13th July 17-20th August 14-17th (all day camps only). Please select and circle your first choice, followed by your second choice. We will try to accommodate your request, but we can not guarantee any specific week.

My 1st choice is (please circle one week): July 10-13 July 17-20 August 14-17

My 2nd choice is (please circle one week): July 10-13 July 17-20 August 14-17